

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 12/3/04 2 Serial/Patent # 10/517215

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/>	Filing		<u>12/3/04</u>	\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input checked="" type="checkbox"/>	Other <u>Claims</u>		<u>12/3/04</u>	\$ <u>44.00</u>
		7 TOTAL AMOUNT OF REFUND		\$ <u>44.00</u>

10 REASON:		8 TO BE REFUNDED BY:								
<input checked="" type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Treasury Check							
<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/>	Credit Deposit A/C #:							
<input type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1"><tr><td>0</td><td>4</td><td>--</td><td>0</td><td>5</td><td>6</td><td>6</td></tr></table>		0	4	--	0	5	6	6
0	4	--	0	5	6	6				

11 REFUND REQUESTED BY: C. Burt

TYPED/PRINTED NAME: Cherita Burt **TITLE:** Paralegal

SIGNATURE: [Signature] **PHONE:** 308 9140 2007

OFFICE: PCA

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____ **DATE:** _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: